

REMARKS

Claims 1-66 are now pending in the application. By this Preliminary Amendment, new claims 53-66 have been added. No new matter has been added. Support for the newly added claims is found in the specification at numerous areas and in the drawings.

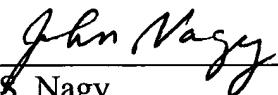
The specification has been amended at page 2, line 15 to correct a typographical error. In the originally filed application, the rings and links of the stent were described as having a "metal to air" ratio less than 90%, etcetera. The specification has been amended to state that the "air to metal" ratio is less than 90%. The air to metal ratio is a term of art that is well understood by those having ordinary skill in the art. Further, persons having ordinary skill in the art often refer to the "metal to artery" ratio (being on the order for a coronary stent in the range of 10% to 20%) and of the percent-free area, which is another way of stating the air to metal ratio (typically between 80% and 90%).

Attached hereto is a marked-up version of the changes made to the specification and claims by the current Amendment. The attached page is captioned "VERSION WITH MARKINGS TO SHOW CHANGES MADE."

It is respectfully requested that the Preliminary Amendment be entered and that  
the pending claims be examined at the earliest opportunity.

Respectfully submitted,

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VERSION WITH MARKINGS TO SHOW CHANGES MADE  
IN THE SPECIFICATION

Page 2, line 13:

In one embodiment of the invention, the stent has a distal and proximal section formed of rings or cylindrical elements and links. The rings and links are configured so that the [metal to air] air to metal ratio is less than 90% and preferably less than about 80% thus providing good scaffolding and providing a more cylindrical lumen. A central section is formed of stent struts that join the distal and proximal sections together. The central section strut pattern is less dense than the rings and links pattern of the distal and proximal sections. This central section scaffolds less, making the lumen less cylindrical. In use, the central section is aligned with an area of vulnerable plaque so that as smooth muscle cell growth occurs after the stent is implanted, in an attempt to form a cylindrical lumen, the central section strut pattern promotes cell growth over the struts and hence over the fibrous cap of the vulnerable plaque. This cell layer acts to protect the vulnerable plaque from rupturing and possibly embolising in the artery. Comparatively, the rings and links pattern of the distal and proximal sections inhibit smooth muscle cell growth thereby maintaining a patent lumen for blood flow. Thus, the present invention stent promotes cell growth where needed, to cover and reinforce the vulnerable plaque area, and inhibits cell growth in other areas so that the lumen (artery) remains patent for maximum blood flow.